**Form B: Health Professional Medical Evaluation to Principal Investigator** *(rev. 08/12/19)*

*Form B: Indidvidual completes section 1 contact information and emails to Straub at [Jennifer.oldershaw@straub.net](mailto:Jennifer.oldershaw@straub.net) and copy* [*dora.sakata@straub.net*](mailto:dora.sakata@straub.net)*. After reviewing the enrollee’s Form A Health History Questionnaire, the HP will complete, sign, and* ***email*** *Form B to the enrollee’s academic unitʻs point of contact: JABSOM [meeksj@hawaii.edu](mailto:meeksj@hawaii.edu); UHCC [cmartin@cc.hawaii.edu](mailto:cmartin@cc.hawaii.edu); AVS [stacyo@hawaii.edu](http://stacyo@hawaii.edu)*

**Section 1:** Contact Information (Individual completes this section)

Academic Unit (check one): JABSOM UH Cancer Center Animal & Veterinary Services

Name of Individual:

Individual’s email:

Principal Investigator’s (PI) Name:

PI’s email:

**Section 2:** Health Professionalʻs Assessment:

Based on the health history information available to me, the enrollee is (Check all that apply):

Physically fit to work with animals or animal by-products and/or infectious agents

Temporarily not fit until further evaluation described below:

Refer to primary care physician for

Further medical evaluation, diagnostic tests

Immunizations recommended, describe:

Additional Personal Protective Equipment (PPE’s) required:

Other, describe:

Not fit to work with animals or animal by-products and/or infectious agents

Comments:

Individual has declined further evaluation and has completed and signed Form C, dated \_\_\_\_\_\_\_\_\_ *(mm/dd/yyyy)*

Print name of Health Professional who reviewed Form A:

Organizational Affiliation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Health Professional Date *(mm/dd/yyyy)*